



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Dennis W. Streets, Director
919-733-3983

April 28, 2006

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: ADULT SERVICES SUPERVISORS AND PROGRAM MANAGERS

SUBJECT: REGISTRATION FOR ADULT SERVICES TRAINING EVENTS

Please be advised that worker Social Security Numbers are not needed to register for Adult Services training events offered by the Division of Aging and Adult Services (DAAS) or by CARES. A decision to stop requesting the Social Security Number was made early this calendar year and the change was incorporated into the new version of the on-line training registration system that is accessed at <https://www.ncswlearn.org>. The on-line training registration system now tracks registration information based on the creation of a worker username and password.

Prior to the implementation of this change, Dear County Director Letters announcing DAAS training events that were sent to you included a registration form requesting the worker Social Security Number as a means of tracking registrants. Some of those announced upcoming training events through the end of the fiscal year are still accepting registrations. Please notify your staff that the Social Security Number field of the registration form should be left blank or they may use the attached alternative. If staff prefer, they may instead register for these upcoming events via the ncswlearn web site.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill".

Suzanne P. Merrill, Chief
Adult Services Section

Attachment

SPM/gcs

AFS-04-2006

Adult Services Section, NC Division of Aging and Adult Services Registration Form

(Forms faxed or mailed prior to the date registration opens will NOT be considered)

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name?

"Goes By" Name: _____ Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

() _____

Work Phone & Extension (please include area code):

() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box
(Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

Other Roles:

Complete this box if you are
NOT a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____